

Membership Discontinuation Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Union Name]

[Union Address]

[City, State, Zip Code]

Dear [Union Representative's Name],

I am writing to formally notify you of my decision to discontinue my membership with [Union Name], effective immediately.

My membership ID is [Insert Membership ID].

I appreciate the support and services provided during my time as a member and reaffirm my gratitude for the efforts of the union.

Kindly confirm the receipt of this letter and consider my membership officially terminated.

Thank you for your understanding.

Sincerely,

[Your Signature (optional)]

[Your Printed Name]